

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	X					
3	X					
4	/					
5	X					
6	X					
7	/					
8	/					
9	/					
10	X					
11	X					
12	X					
13	X					
14	X					
15	X					
16	X					
17	X					
18	X					
19	X					
20	/					
21	X					
22	X					
23	X					
24	X					
25	/					
26	X					
27	X					
28	X					
29	X					
30	X					
31	X					
32	X					
33	X					
34	X					
35	X					
36	X					
37	X					
38	X					
39	/					
40	/					
41	X					
42	X					
43	X					
44	X					
45	X					
46	X					
47	X					
48	X					
49	X					
50	X					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	X					
52	X					
53	X					
54	/					
55	/					
56	/					
57	/					
58	/					
59	X					
60	X					
61	X					
62	/					
63	X					
64	X					
65	X					
66	X					
67	X					
68	X					
69	X					
70	X					
71	X					
72	X					
73	X					
74	X					
75	X					
76	X					
77	X					
78	X					
79	X					
80	X					
81	X					
82	X					
83	X					
84	X					
85	X					
86	X					
87	X					
88	X					
89	X					
90	X					
91	/					
92	X					
93	X					
94	/					
95	X					
96	X					
97	X					
98	X					
99	X					
100	X					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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50						
TOTAL IND.	8					
TOTAL DEP.	12					
TOTAL CLAIMS	20					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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